



Fort Jackson, South Carolina

WELCOME TO U.S. ARMY STUDENT DETACHMENT

THIS IS YOUR IN-PROCESSING PACKET

PLEASE SEND IN YOUR COMPLETED PACKET TO THE ADDRESS BELOW:

**COMMANDER, USASD
3330 MAGRUDER AVE
FORT JACKSON, SC 29207**

IF YOU NEED ANY ASSISTANCE FILLING OUT YOUR IN-PROCESSING PACKET, PLEASE CALL 1-800-856-3801; FOR PERSONNEL QUESTIONS, EXT (2), FOR FINANCE QUESTIONS, EXT (6) OR VISIT OUR WEB SITE: www.jackson.army.mil/Teebde/Student%20Detachment/Default.htm

PLEASE FILL OUT THE WELCOME PACKET REQUEST
WORKSHEET, PART A, AND MAIL THE FORM DIRECTLY
TO THE US ARMY STUDENT DETACHMENT AT

COMMANDER
USASD ATTN: INPROCESSING
3330 MAGRUDER AVE
FT JACKSON, SC 29207

WE WILL USE THIS FORM TO UPDATE OUR COMPUTER
SYSTEMS AND CREATE A PENDING GAIN FILE FOR YOU.
WE NEED TO HAVE THIS FORM PRIOR TO YOU SENDING
YOUR INPROCESSING PACKET.

**COMPLETION OF THIS FORM IS ESSENTIAL TO
ACCURATELY INPROCESS YOU INTO USASD.**

WELCOME PACKET REQUEST WORKSHEET
U. S. ARMY STUDENT DETACHMENT
FORT JACKSON, SOUTH CAROLINA 29207

Date Req. Taken _____
Req Taken By _____
Date Packet Mailed: _____

PRIVACY ACT STATEMENT: AUTHORITY: Title 10 USC 3012(G). PRINCIPAL PURPOSE:
To collect information required to complete in-processing of personnel to USASD. **ROUTINE USE:**
Used by the In-Processing Clerk to ensure that correct information is being obtained. **DISCLOSURE:**
Providing information on this form is voluntary. Failure to provide information will result in individual not being processed in a timely manner.

PART A

Last Name, First Name, MI _____ SSN _____

Mailing Address: _____

E-Mail Address: _____

Rank _____ Race _____ Gender: M / F Branch _____ MOS _____ Commission: RA/USAR

Home Phone: _____ Duty Phone: _____ Dependents _____ Aviator: Y / N

Foreign Language Pay: Y / N Functional Area: _____

School/Training Agency attending: _____

Address: _____

Degree: _____ Major Course of study: _____ Period of Study _____

Report Date: _____ Not earlier than report date _____

Program:

Fully Funded () Degree Completion () TWI () Fellowship () Other ()

PART B

NOTICE TO STUDENTS

FULLY-FUNDED: You are required to mail a DA Form 2125 and a copy of your grades directly to CDR, PERSCOM, ATTN: TAPC-OPB-D, 200 Stovall Street, Alexandria, VA 22332 as soon as each quarter ends.

DEGREE COMPLETION: You are required to mail a DA Form 2125 to your appropriate Branch after each quarter ends.

REFER TO YOUR STUDENT HANDBOOK FOR FURTHER INFORMATION IN ALL AREAS OF CONCERN.

Your Student Liaison Officer (SL0) at _____ is _____

His/Her Phone number is _____



**WELCOME TO UNITED STATES
ARMY STUDENT DETACHMENT
FINANCE SECTION
\$\$\$\$\$\$**

The enclosed forms and military finance information will assist you in the inprocessing phase of your assignment to the Student Detachment. It is recommended that you thoroughly review completed documents prior to submission to the Detachment.

Finance inprocessing will consist of submission of permanent change of station travel settlement documents, basic allowance for housing recertification, temporary lodging expense settlements, etc.

Welcome to the Student Detachment.

**“RESPONSIVE TO YOUR NEEDS,
SOLDIERS FIRST”**



**DEPARTMENT OF THE ARMY
UNITED STATES ARMY STUDENT DETACHMENT
VICTORY BRIGADE
3330 MAGRUDER AVENUE
FORT JACKSON, SOUTH CAROLINA 29207**

REPLY TO
ATTENTION OF

ATZJ-VB-SD

**COMPLETED DOCUMENTS REQUIRED FOR FINANCE INPROCESSING
USA STUDENT DETACHMENT FORT JACKSON SC 29207**

Conus to Conus/Oconus Movement

DD 1351-2 (travel voucher for member/dependent(s) travel; if TDY enroute to permanent station, separate travel voucher is required for dependent(s) travel)

DA 31 (PCS leave form created by losing permanent station; FROM/TO dates must encompass total intransit days, to include TDY period)

Copy of travel/dislocation allowance

Receipts for travel (tolls, tips, cab fare, etc) expenses in excess of \$74.99

Itemized lodging receipts for official TDY

DA 5960 (basic allowance for housing recertification)

Memorandum for assignment/termination of housing, if applicable

DA 4187 (request for stateside COLA; applicable duty locations)

Temporary Lodging Worksheet, if applicable (itemized lodging receipts, credit card receipts not acceptable)

Additional documents for overseas permanent station

DD 2367 (application for overseas housing)

DD 2556 (request for renters/security moving-in-housing-allowance (MIHA), if applicable)

Rental/Lease agreement (English translation)

Memorandum of Authorization for temporary lodging allowances (TLA), if applicable, to include itemized lodging receipts

No Cost Moves

DA 5960

DA 31

**Permanent moves that are in close proximity of losing permanent station and of no
expense to the government**

**ALL FINANCE INPROCESSING PACKETS REQUIRE NO LESS THAN 5
COPIES OF PCS ORDERS, TO INCLUDE AMENDMENTS**



REPLY TO
ATTENTION OF

**DEPARTMENT OF THE ARMY
UNITED STATES ARMY STUDENT DETACHMENT
VICTORY BRIGADE
3330 MAGRUDER AVENUE
FORT JACKSON, SOUTH CAROLINA 29207**

ATZJ-VB-SB

**FINANCE DOCUMENTS REQUIRED FOR COMPLETE
INPROCESSING**

- 1. ALL DOCUMENTS REQUIRED FOR INPROCESSING MUST
BE RECEIVED AS A CONSOLIDATED PACKET.**
- 2. PROCESSING OF BASIC ALLOWANCE FOR HOUSING AND
TRAVEL SETTLEMENTS, TO INCLUDE TDY ENROUTE,
WILL NOT BE INITIATED UNTIL ALL REQUIRED
DOCUMENTS ARE SUBMITTED THRU THE FINANCE
SECTION OF STUDENT DETACHMENT.**
- 3. POINTS OF CONTACT:**

**SPC RUDOLFO MORENO, FINANCE TECH – (803) 751-6542
morenor@jackson.army.mil**

**MRS. ANITA McKEE, FINANCE TECH– (803) 751-5564
mckeea@jackson.army.mil**

**SGT ANTHONY BEST, NCOIC, FINANCE (803) 751-7689
Anthony.Best@jackson.army.mil**

**MS. BRENDA SINGLETON, SUPV, FINANCE (803) 751-5540
singletonb@jackson.army.mil**

STUDENT DETACHMENT: TOLL-FREE - 800-856-3801

STUDENT DETACHMENT:

<http://www.jackson.army.mil/tccbde/Student%20Detachment/Default.htm>

FORT JACKSON DEFENSE MILITARY PAY OFFICE:

<http://www.jackson.army.mil/finance/index.htm>

EXPLANATION OF FINANCE FORMS

DD 1351-2 Travel Voucher

Travel vouchers must be submitted upon completion of PCS movement and assignment to new permanent duty station. Dependents travel may be inclusive on travel voucher if travel was simultaneous with member.

Dislocation allowance (DLA) is paid automatically when dependents travel with member to gaining permanent station.

Single soldiers and/or soldiers without dependents must request dislocation payment in a written statement on travel voucher ("Request DLA w/o dependent in my own right. Not residing in military housing").

Members with temporary duty (TDY) enroute to permanent station **MUST** submit separate travel vouchers for dependents upon assignment to permanent station.

DD 2560 Advance Pay

Application for request of one-month advance pay is based upon soldier's current base pay. If approved, actual deposit amount is equivalent to base pay minus deductions and applicable taxes.

Single soldiers and/or soldiers without dependents **MUST** submit written justification as to why an advance pay may be required for PCS incurred expenses. Request for an extended repayment schedule beyond 12 months must be supported with a breakdown of monthly expenses indicating normal schedule payments would cause member undue financial hardship.

DA 5960 Basic Allowance for Housing

ALL soldiers must submit a completed application of recertification upon permanent assignment to gaining station.

A completed application is also required when changes occur in dependency status, i.e., marriage, divorce, child support and assignment/termination of military housing.

DA 4187 Request for Conus Cola (Cost of Living Allowance)

High cost living areas are authorized an additional cost of living allowance. Localities authorized the allowance are determined by the PERDIEM Advisory Committee, Washington DC.

TEMPORARY LODGING EXPENSE WORKSHEET (TLE)

Required to support lodging receipts for payment of temporary expenses when a PCS occurs. Conus to conus movements are authorized a maximum of 10day lodging expenses. Conus to overseas movement are authorized a maximum of 5 days.

(CON'T)

DD 2558 ALLOTMENT

Authorization to Start, Stop or Change an Allotment for Active Duty Personnel is provided primarily as a means to assist military soldiers in meeting their personal and family financial responsibilities.

The completed form serves as the authority to start, stop, or change an allotment deduction from the soldier's military pay account maintained at Defense Finance and Accounting Service, Indianapolis, IN.

DA 3685 JUMPS – JSS PAY ELECTIONS

The purpose of the form is to provide the service member a means of electing the manner in which he or she desires to receive monthly pay and allowance. Service member has the option of receiving pay once or twice per month.

SF 1199

Effective 1 August 1992, all service members must elect electronic deposit to a financial institution of his/her military pay.

E/MSS PERSONAL IDENTIFICATION NUMBER (PIN)

The use of the PIN will allow the member access to his military pay history. The member has the capability to institute federal and state tax changes, access and print leave and earnings statement, PCS/TDY travel settlements and annual W2 Form; initiate and/or change direct deposit to financial institution, update monthly pay option, and make changes to Thrift Savings Plan (TSP).

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (*Use two letters*)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(<i>Own expense</i>)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (<i>POC</i>)	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (*see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN



DEPARTMENT OF THE ARMY
UNITED STATES ARMY STUDENT DETACHMENT
VICTORY BRIGADE
3330 MAGRUDER AVENUE
FORT JACKSON, SOUTH CAROLINA 29207

REPLY TO
ATTENTION OF

ATZJ-VB-SD

Subject: Advance Pay

Re: AR 37-104

Request for Advance Pay

All soldiers requesting an advance of basic pay for a PCS move must prepare DD Form 2560 (Advance Pay Certification/Authorization). The completed DD Form 2560, with a copy of PCS orders attached, will be forwarded thru the unit commander for approval and onward to the servicing DMPO for final disposition.

JUSTIFICATION

Written justification is required when any soldier requests (1) a second one-month pay advance, (2) a pay advance of more than one month basic pay less deductions, (3) repayment schedule of more than twelve months (4) payment of advance pay earlier than 30 days prior to PCS departure, (5) or payment of advance pay later than 60 days after arrival to new permanent duty station.

Justification must include itemized expenses incurred, extenuating circumstances, or severe hardship that would be considered exceptions to normal circumstances.

An advance pay is NOT intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from service member's PCS orders.

SOLDIERS WITHOUT DEPENDENTS

Payment of an advance pay to soldiers without dependents is authorized, however, In most instances, such soldiers cannot qualify for an advance pay. A soldier without dependent may request an advance pay showing written justification that extenuating circumstances exist.

If the evidence furnished is not questionable and all other requirements are met, an advance pay may be authorized.

Privacy Act Statement

DISCLOSURE: Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.

POLICY GUIDANCE

The purpose of an advance of pay incident to PCS is to provide a Servicemember with funds to meet the extraordinary expenses of a Government-ordered relocation, per DODPM Part 4.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The Servicemember may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside the scope of those entitlements:

- a. Overseas station housing allowance;
- b. Servicemember and/or dependent travel allowances and per diem;
- c. Dislocation allowance;
- d. Basic allowance for quarters and/or variable housing allowance.

An advance of pay for a PCS move in the same geographic area of a Servicemember's prior duty station, or place from which ordered to active duty, is only authorized when the Servicemember moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance is not intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the Servicemember's PCS orders. Except under extraordinary conditions, an advance pay must be repaid before an advance for a subsequent PCS may be paid.

Servicemembers should consult appropriate Service regulations concerning grade levels requiring Commander's approval of a PCS advance that does not exceed 1 month's pay.

AIR FORCE MEMBERS ONLY: E4/SRA and below must have Commander's approval for all PCS advance pay payments.

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see 37-104-3; the proponent agency is ASA (FM)</small>					PRIVACY ACT STATEMENT AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397. PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.							
1. NAME (Last, First, MI)					DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.							
2. SOCIAL SECURITY NUMBER			3. GRADE									
4. TYPE OF ACTION												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">START</td> <td style="width: 25%;">CANCEL</td> <td style="width: 25%;">CHANGE</td> <td style="width: 25%;">REPORT</td> </tr> <tr> <td>CORRECT</td> <td>STOP</td> <td>RECERTIFICATION</td> <td></td> </tr> </table>										START	CANCEL	CHANGE
START	CANCEL	CHANGE	REPORT									
CORRECT	STOP	RECERTIFICATION										
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)				6. DATE/ACTION (YYMMDD)		7. BAQ TYPE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">WITH DEPENDENTS</td> <td style="width: 25%;">PARTIAL</td> </tr> <tr> <td>WITHOUT DEPENDENTS</td> <td></td> </tr> </table>			WITH DEPENDENTS	PARTIAL	WITHOUT DEPENDENTS	
WITH DEPENDENTS	PARTIAL											
WITHOUT DEPENDENTS												
8. MARTIAL/DEPENDENCY STATUS						9. QUARTERS ASSIGNMENT/AVAILABILITY						
a. SINGLE		b. MARRIED (see blocks (1), (2) & (3))		c. DIVORCED (see blocks (1), (2) & (3))		a. ADEQUATE (see block (1))		b. INADEQUATE (see blocks (1), (2) & (4))				
d. LEGALLY SEPARATED (see blocks (1), (2) & (3))			e. DEPENDENT CHILD (see blocks (4), (5) & (6))			c. TRANSIENT (see block (3))		d. NOT AVAILABLE				
(1) Spouse/Former Spouse SSN		(2) Spouse/Former Spouse Duty Station		(3) Date of Marriage, Divorce/Separation		(1) QUARTERS NO. _____		(2) FAIR RENTAL VALUE \$				
(4) Child in Custody of:		Member		Spouse		Former Spouse		Other				
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.						(4) <input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above) <input type="checkbox"/> COMMANDER DETERMINATION (Attached)						
(6) If child support received from another military member, complete (1), (2) & (3).												
10. DEPENDENTS/SHARERS (Continue on back if required)												
NAME OF DEPENDENT/SHARER			COMPLETE CURRENT ADDRESS (Include ZIP Code)			RELATIONSHIP		DOB OF CHILDREN				
11. CERTIFICATION OF DEPENDENT SUPPORT												
I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.												
IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period												
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON												
My permanent duty station:			My dependent's location:			Both my permanent duty station and dependent's location.						
a. Monthly Expenses:		Member		Dependent		b. Sharer/Lease Information		c. Address Information				
(1) Mortgage (PITI) or Rent						(1) Rental/Residential Address:		(1) Landlord's Name and Address:				
(2) Insurance						(2) Effective Date: (3) Expiration Date:		(2) Landlord's Phone No.				
(3) Other												
TOTALS						(4) Number of Sharers (show name(s) and address in block 10.)						
I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.												
13. MEMBER'S SIGNATURE				14. DATE		15. CERTIFYING OFFICER'S SIGNATURE		16. DATE				

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) COMMANDER DMPO ATTN: PROCESSING FORT JACKSON SC 29207	3. FROM (Include ZIP Code) COMMANDER USA STUDENT DETACHMENT ATTN: FINANCE SECTION FORT JACKSON SC 29207
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
effective _____ hours.

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteering For Oversea Service	Retesting in Army Personnel Tests	Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	X Other (Specify) CONUS COLA
Airborne Training	Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

EFFECTIVE DATE: _____

BAH TYPE: WITH DEPN/WITHOUT DEPN

ZIP CODE OF
PERM DUTY STATION: _____YEARS OF
MILITARY SERVICE: _____**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
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Claim for Temporary Lodging Expense

This application is for Form 1042-ETD (Temporary Lodging Expense). It is subject to the same provisions for Temporary Lodging Expense. See the instructions for Form 1042-ETD for more information. This form is used to determine payment of Temporary Lodging Expense. It is subject to the same provisions for Temporary Lodging Expense. See the instructions for Form 1042-ETD for more information. This form is used to determine payment of Temporary Lodging Expense.

Rank	Name (last name first)	SSN	Home Phone					
Mailing Address: Number & Street		City/State	Zip Code					
Current Unit Assignment: USA Student Detachment Ft. Jackson SC w/dy:			Unit Phone 800-856-3801					
Marital Status (circle one): Single Divorce Married Dual Military		If Military, Spouse's SSN:	Spouse's Current Duty Station					
Did you stay in off post lodging: Yes or No		(without a SNA# from housing you are authorized reimbursement for the on-post rate)						
Statement of non-availability #								
LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:								
Name		Relationship	Date of Marriage / Birth					
Date HHG Picked Up		Did you do a DITY move ? Yes or No						
Date HHG Delivered		If Yes, what date ?						
LODGING INFORMATION								
ORIGINAL ITEMIZED LODGING RECEIPTS AND COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.								
I hereby certify that I was required to obtain temporary lodging for the following days:								
D A Y	Date	Daily Lodging Costs	Location of Lodging (City & State)	Cooking Facilities (circle one)	# Persons Claimed		To be completed by Finance Personnel	
					SM	DEP	BAH	BAS
1				Y or N				
2				Y or N				
3				Y or N				
4				Y or N				
5				Y or N				
6				Y or N				
7				Y or N				
8				Y or N				
9				Y or N				
10				Y or N				
Date terminated quarters losing station (if applicable):								
Date assigned quarters gaining station (if applicable):								
Departure date from old duty station:								
Arrival date at new duty station:								
SIGNATURE OF SERVICE MEMBER:					DATE: / /			
This payment will be made electronically to your current direct deposit account.								
Signature of Finance Clerk					Date:		Time:	

JUMPS - JSS PAY ELECTIONS

For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT

Authority: Title 37 USC, Section 101.
Principal Purpose: To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances.
Routine Use: To establish the pay account of the MMPE.
Disclosure: Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.

1. HOW DO YOU WANT TO BE PAID? (X one item.)		2. METHOD OF PAYMENT (X one item.)	
<input type="checkbox"/>	a. Once a Month	<input type="checkbox"/>	a. Sure Pay/Direct Deposit (Complete Section 4.)
<input type="checkbox"/>	b. Twice a Month	<input type="checkbox"/>	b. Check to Address (Complete 5.)
3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)			b. SPECIFY AMOUNT
<input type="checkbox"/>	a. If a held pay amount is also desired, check box and enter amount.		\$
4. SURE PAY/DIRECT DEPOSIT (X one box.)			
<input type="checkbox"/>	a. SF 1199A attached. (Complete items (1) through (5)).		<input type="checkbox"/>
		b. SF 1199A on file. (Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution) (Do not complete items (1) through (5)).	
(1) NAME OF FINANCIAL ORGANIZATION			
(2) SAVINGS OR CHECKING ACCOUNT NO		(3) NAME OF ACCOUNT HOLDER	
(4) STREET NO., RR NO., P.O. BOX		(5) CITY, STATE, ZIP CODE (Or Country)	
5. CHECK TO ADDRESS (Provide complete mailing address.)			
a. STREET NO., RR NO., P.O. BOX			
b. CITY		c. STATE	d. ZIP CODE
			e. COUNTRY
6. REMARKS			
7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.			
a. TYPED OR PRINTED NAME			e. NAME AND ADDRESS OF ORGANIZATION
b. SSN			
c. SIGNATURE		d. DATE	

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
CITY	STATE	ZIP CODE																			
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)																			
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay																			
C CLAIM OR PAYROLL ID NUMBER		<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active																			
Prefix Suffix		<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire.																			
		<input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor																			
		<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)																			
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																			
SIGNATURE		TYPE	AMOUNT																		
DATE		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
SIGNATURE		SIGNATURE	DATE																		
DATE		SIGNATURE	DATE																		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											CHECK DIGIT <table border="1"><tr><td></td></tr></table>	
DEPOSITOR ACCOUNT TITLE													
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.													
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER											
		DATE											

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.



DEPARTMENT OF THE ARMY
UNITED STATES ARMY STUDENT DETACHMENT
VICTORY BRIGADE
3330 MAGRUDER AVENUE
FORT JACKSON, SOUTH CAROLINA 29207

REPLY TO
ATTENTION OF

ATZJ-VB-SD

Subject: Transportation Documents

The following documents are required for submission of DITY Incentives, Storage Claims, and/or Postal Reimbursements:

POC: Student Detachment, Finance Section (800) 856-3801

DITY INCENTIVE

****DITY move authorization is granted by losing permanent duty station****

- a. DD 1351-2 (travel voucher)
- b. DD 2278 (DITY Application)
- c. Weight Tickets (empty/full)
- d. DITY Checklist (certification of expenses)
- e. PCS Orders

Receipts for U-Haul/Rental Truck, gasoline, tolls, etc are NOT required to accompany your claim. Do not submit these receipts with your DITY claim. Please maintain in your personal files for no less than 8 years.

STORAGE CLAIM:

- a. DD 1351-2 (travel voucher)
- b. Storage Receipts
- c. PCS Orders

POSTAL REIMBURSEMENT

- a. DD 1351-2 (travel voucher)
- b. Memorandum of authorization for shipping from losing overseas duty station
- c. Postage receipts
- d. PCS Orders



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY STUDENT DETACHMENT
STROM THURMOND SOLDIERS SERVICE CENTER
FORT JACKSON, SOUTH CAROLINA 29207

REPLY TO
ATTENTION OF:

ATZJ-VB-SD

CERTIFICATION OF EXPENSES

NAME _____

SSN# _____

NOTE: Expenses claimable are payments to rental companies for rental vehicles, packing materials, moving equipment such as a hand truck and furniture pads, gas, oil, tolls and weighing expenses. Expenses **NOT** claimable include, but are not limited to – tow dollies, tow bars, auto transporters, insurance, sales tax, meals and lodging.

KEEP ALL RECEIPTS FOR AUDIT PURPOSES

Rental Vehicle Expense	\$ _____
Gas, Tolls, & Weighing Fees	_____
Moving Equipment	_____
Other Expenses:	_____
_____	_____
_____	_____
Total Moving Expenses Claimed	\$ _____

I certify above amounts have been incurred as expenses on my DITY move.

From losing station: _____

To gaining station: _____

(city & state)

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 5701-5742, 37 U.S. 404-427, and E.O. 9297 **Principle purpose:** Used for reviewing, approving, accounting and disbursing for official travel; SSN# is used to maintain a numerical identification system for individual claims and to **report income to Internal Revenue Service.** Routine uses: To substantiate claims for incentive payments for movement of household goods. **Disclosure:** Voluntary failure to furnish information requested may result in partial or total denial of claims and/or improper tax application. **Note:** Expenses certified on this statement reduce taxable income reported on W2 Form and **MAY NOT** be claimed again as moving expenses. TAX WITHHOLDING WILL BE 28% OF PROFIT (entitlement minus expenses).

I understand the penalty for willfully making a false statement of claim is a maximum fine of \$10,000.00, maximum imprisonment of five years, or both (U.S.C., Title 18, Section 287).

Signature _____

Date _____



DEFENSE MILITARY PAY OFFICE



APPLICATION INSTRUCTIONS

- Place Photo ID in the Box
- Make a copy of ID Card and these instructions
- Complete the information below.
- FAX THE FOLLOWING INFORMATION TO
- DSN 734-4405 / 5857 or comm (803) 751-

➤

NAME _____

SSN _____

SIGNATURE _____

AKO EMAIL ADDRESS _____

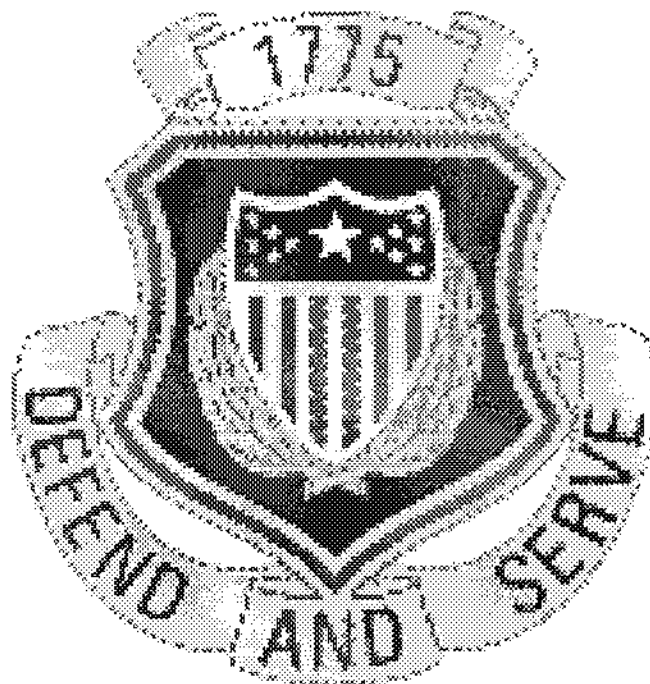
Temporary PIN _____

**Place your Photo
ID Card Here**

- **Your temporary MYPAY PIN # will be emailed to your AKO address.**
- **Please follow these instructions carefully.** Wait 2/3 days – access the web site, <https://mypay.dfas.mil> or <http://www.dfas.mil/mypay>. Enter your SSN and the temporary PIN as annotated above. You will be told that your PIN has expired. Click on the continue button. Enter your temporary PIN again, then create your new PIN.



FORT JACKSON, SOUTH CAROLINA



You have reached the Personnel Section of your In-Processing Packet.

Enclosed are AG 715 (Personal Data Worksheet), DD 93 (Emergency Data Card Form), SGLI-8286 (SM Group Life Insurance Form), Gov't Visa Charge Card Transfer Worksheet, and a few Optional Forms/Information Sheets; DA 31 (Request for Leave Form), Student Inquiry, and etc. The following POCs for this section of your In-Processing are:

The following POCs can be reach @ 1-800-856-3801, EXT follows:

Mr. Kincaid – SLO Coordinator, Officer Promotions, SIDPERS, Security Clearance, EXT (2)
Mrs. Scott-Blue - Government Travel Card Transfer (APC), EXT (7)
SGT Harrison, Personnel Section NCOIC, EXT (1)
Officer Records Section, DSN: 734-5583 or Com: 803-751-5583

“RESPONSIVE TO YOUR NEEDS, SOLDIERS FIRST”!

EXPLANATION FOR PERSONNEL IN-PROCESSING FORMS/SHEETS

THE FOLLOWING FORMS MUST BE FILLED OUT COMPLETELY AND RETURN

AG 715 (PERSONAL DATA SHEET)

Please read this form and fill out the form to the best of your ability. In the near future, if you have any updated changes to your personal data, please call or e-mail the Personnel Section with your updated data.

DD 93 (Emergency Data Card Form)

This form must be filled out and return to the Detachment. Please type or print legibly. Detail instructions and a blank DD 93 are enclosed.

SGLV-8286 (SM Group Life Insurance Form)

It's imperative that this form is filled out and return to the Detachment. This must be updated every reassignment. Detail instructions and a blank SGLV-8286 enclosed.

IMPORTANT NOTICE TO ALL GOVERNMENT TRAVEL CARD HOLDERS AND GOVERNMENT TRAVEL CARD TRANSFER FORM

Please read the notice and fill out the Government Travel Card Transfer Form. If you have any question about the Government Travel Card, please contact Mrs. Scott-Blue (APC) @ 1-800-856-3801 ext (7).

OPTIONAL FORMS AND INFORMATION SHEETS

U.S. ARMY STUDENT DETACHMENT (USASD) LEAVE/PASS POLICY

Please read the USASD Leave/Pass Policy. Enclose is a blank DA 31. If you plan to take any ordinary leave while you're with the Detachment, please fill out Part I of the DA 31. Please fill out blocks 1-11. POC for ordinary, permissive TDY (PTDY) leave, and etc. is Mr. Fayard @ ext (5).

FOR YOUR INFORMATION SHEET

This form is enclosed for your information (FYI). Just need to know facts.

USASD TELEPHONE LISTING AND USASD PERSONNEL E-MAIL ADDRESSES

This is the USASD contact list. Please use this sheet to contact the USASD Personnel for any assistance you may need.

STUDENT INQUIRY

Please use this form to submit any inquires that you may have. Thank you for your patience. We're looking forward to serving you.

**PROCESSING INFORMATION
UNITED STATES ARMY STUDENT DETACHMENT
FORT JACKSON SC 29207**

PRIVACY ACT INFORMATION: In compliance with the Privacy Act of 1974 and by authority of Title 10, USC Section 3012, the following information is obtained to process active duty military personnel permanently assigned to the USA Student Detachment Fort Jackson SC. Submission of requested information is completely voluntary. Failure to provide required documents and data may result in involuntary HELD PAY status of member's military pay account.

TO BE COMPLETED BY ACTIVE DUTY SERVICEMEMBER

I have read and understand the Privacy Act Statement. The following information has been submitted in connection with my permanent assignment to the US Army Student Detachment, Fort Jackson SC.

- 1) Date departed previous permanent station _____
- 2) Date of sign in to current station _____

NOTE: NO EARLIER THAN (NET) reporting date indicates that sign in will NOT be earlier than date stipulated on PCS orders.

When a NET date is NOT indicated, sign in may be up to 10 days prior to the first day of classes or last day of registration, whichever is earlier.

Current Mailing Address _____

Home# _____ Wk# _____

Name/Location of School

Or Training with Industry _____

Scheduled date of completion of schooling or training _____

Date of last OER/AER _____ Nonrated time _____

Email Address _____

Date of rank _____ Seq# _____ Date of Birth _____

Name/Address: Emergency POC (other than spouse)

Soldier Name (printed) _____

SSN# _____ Commission RA/USAR

SIGNATURE _____ BR/MOS _____ GRADE _____

Claim for Temporary Lodging Expense

Not required by the Finance Act of 1974 Authority: 38 USC, par 16308. Franchise Purpose: To establish the amount payable for Temporary Lodging Expense Allowance. Realize that: selection is used to substantiate payment of Temporary Lodging Expense Allowance. 38 USC 16308: Mandatory. Failure to provide information will result in the loss of requested revenue.

Rank	Name (last name first)	SSN	Home Phone
-------------	-------------------------------	------------	-------------------

Mailing Address: Number & Street	City/State	Zip Code
---	-------------------	-----------------

Current Unit Assignment	Unit Phone
--------------------------------	-------------------

Is Spouse Military: (CIRCLE ONE) Y or N	If Military, Spouse's SSN	Spouse's Current Duty Station
---	----------------------------------	--------------------------------------

Did you occupy lodging during this time frame: (CIRCLE ONE) Y or N	Did your dependents occupy lodging during this timeframe (CIRCLE ONE) Y or N
---	---

Did you stay in off post lodging: Yes or No ? / Statement of non-availability or Statement of non-availability # _____ . Did you stay with friends or family? Yes or No .

LIST DEPENDENTS THAT YOU ARE CLAIMING TLE FOR:

NAME	RELATIONSHIP	DATE OF MARRIAGE/BIRTH

Date HHG Picked Up		Did you do a DITY Move?	(circle one) Y or N
Date HHG Delivered		What Date?	

LODGING INFORMATION

I hereby certify that I was required to obtain temporary lodging for the following days:

D a y #	DATE	DAILY LODGING COSTS PAID	LOCATION OF LODGING (City & State)	COOKING FACILITIES (CIRCLE ONE)	To be completed by Finance Personnel	
					BAH	BAS
1				Y or N		
2				Y or N		
3				Y or N		
4				Y or N		
5				Y or N		
6				Y or N		
7				Y or N		
8				Y or N		
9				Y or N		
10				Y or N		

DATE TERMINATED QUARTERS (if applicable)	
DATE ASSIGNED TO QUARTERS (if applicable)	

DEPARTURE DATE FROM OLD DUTY STATION	
---	--

ARRIVAL DATE TO NEW DUTY STATION	
---	--

Signature of Service Member	Date
------------------------------------	-------------

PLEASE ATTACH ORIGINAL LODGING RECEIPTS AND ORDERS TO THIS REQUEST FORM.

This payment will be made electronically to your current direct deposit account.

Signature of Finance Clerk	Date:	Time:
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EMERGENCY DATA CARD FORM DD FORM 93

THE FOLLOWING INCLUDES INFORMATION ON ITEMS WHICH ARE COMMONLY INCOMPLETE. PLEASE PAY SPECIAL ATTENTION TO THE FIELD LISTED BELOW.

PLEASE TYPE OR PRINT LEGIBLY

Item 4. Spouse's name: Spouse's name must be included unless you have an official divorce decree. **Spouse's maiden name, address, and phone number is required. If you are single mark out spouse and put your address and phone number.**

Item 5. Children: **Exact relationship** of child to sponsor is required. Full date of birth, **address** where child physically resides and **phone number, full name of guardian and the guardian's relationship to sponsor.**

Item 6. Father's name: Field is for biological or adoptive father only, if unknown n/a is applicable, **full address and phone number** is required.

Item 7. Mother's name: Mother maiden name, **phone number, and address** is required.

Item 9. Beneficiaries for DG (Death Gratuity): Designation is in the event that there is no surviving spouse or child.

- **Must be a blood relative**
- **Name and relationship to sponsor.**
- **Full address and phone is required (if information is given already just put SAME as wife, mother, or father's)**

Item 13. Continuation remarks: If spouse is a member of the armed forces then include: Branch, Rank, SSN, and Full Unit address. **Disposition of Remains:** If you are married you must choose spouse and if single next of kin.

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following

statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

(Signature of Servicemember)

1. NAME (Last, First, Middle)		2a. SSN	b. INITIAL (To indicate valid SSN)	3a. SERVICE	b. REPORTING UNIT CODE DUTY STATION
4a. SPOUSE NAME and (maiden)		b. ADDRESS (Include ZIP Code) and telephone number			
5. CHILDREN a. NAME	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code)		
6a. FATHER NAME		b. ADDRESS (Include ZIP Code) and telephone number			
7a. MOTHER NAME and (maiden)		b. ADDRESS (Include ZIP Code) and telephone number			
8a. DO NOT NOTIFY DUE TO ILL HEALTH		b. NOTIFY INSTEAD			
9a. BENEFICIARY(IES) FOR DG (If no surviving spouse or child) must be your blood relative			b. ADDRESS (Include ZIP Code) and telephone (if different from info above)		c. PERCENTAGE
10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES can be anyone most likely wife			b. ADDRESS (Include ZIP Code)		c. PERCENTAGE
11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING (Subject to Secretarial determination) can be anyone most likely wife					
12. INSURANCE (SGLI and other Insurance Companies/Policy Numbers)		a. SGLI (Optional Service Use) <input type="checkbox"/> MAXIMUM <input type="checkbox"/> NO <input type="checkbox"/> OTHER (Amount) _____		b. INSURANCE COMPANIES/POLICY NUMBERS	
13. CONTINUATION/REMARKS					
14. SIGNATURE OF SERVICEMEMBER (Include rank, rate, or grade)			15. SIGNATURE OF WITNESS (Include rank, rate, or grade)		16. DATE SIGNED (YYYYMMDD)

INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 13, "Continuations", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 13" should be included in the item pertaining to the particular next of kin. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. When the space for a particular item is insufficient, insert "See #13" and continue the information in Item 13. Also see preparation instructions for Item 13.

ITEM 1. Member's full last name, first name, middle name.

ITEM 2a. Member's social security number (SSN).

ITEM 2b. Member's initials in ink, verifying SSN accuracy.

ITEM 3a. Service. Use standard one-letter Service code (A - Army, F - Air Force, N - Navy, M - Marine Corps).

ITEM 3b. Reporting Unit Code/Duty Station. Army/Air Force/Navy - see Service Directives. Marine Corps - MEPS enters Monitored Command Code (MCC) to which the member will be assigned.

ITEM 4. First name, middle initial, maiden name (if applicable), and address of spouse. If member is single, divorced, or widowed, so state.

ITEM 5. First name, middle initial, last name (only if different from member's), relationship to member, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Indicate relationship, for example: 03 - son, 04 - daughter, 13 - stepson, 14 - stepdaughter, 33 - adopted daughter, 34 - adopted son. Sample entries: Mary A./04/19650704; Donald E. Jones/13/ 19630102. For children not living with the member's current spouse, include address and name and relationship of person with whom residing.

ITEM 6. First name, middle initial, last name, and address of father. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural father is listed, indicate relationship.

ITEM 7. First name, middle initial, last name, and address of mother. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons not to be notified due to ill health.
a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan."
b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a.

ITEM 9. First name, last name, address, and relationship of person(s) to receive the 6 months' gratuity pay if there is no surviving spouse or child at the time of death. Only parents (including a person in loco parentis status) and brothers and sisters (including those of half-blood and those through adoption) may be designated. Loco Parentis means any person(s) who acted in place of the member's parent(s) for a period of not less than one year at any time before the member entered on active duty. If brothers or sisters are designated, show date of birth (YYYYMMDD).

Show percentage to be paid to each person if two or more beneficiaries are designated. The sum shares must equal 100 percent. If no percentage is indicated and more than one person is named, the money is paid in equal shares to the persons named. Enter "None" if the member has no eligible beneficiary. No benefit can be paid in that instance (10 USC 1477). Also enter "None" if the member does not wish to designate a beneficiary. Payment then is made in the order of precedence established by law. The member should make specific designation, however, as it expedites payment.

ITEM 10. First name, middle initial, last name, address and relationship of person(s) to receive unpaid pay and allowances at time of death. The member may indicate anyone to receive this payment. If member designated two or more beneficiaries, state the percentage to be paid for each. The sum shares must equal 100 percent. If the member does not wish to designate a beneficiary, enter "None." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in the order of precedence established by law (10 USC 2771) in the absence of a designation.

ITEM 11. First name, middle initial, last name, relationship, and address of dependent(s) the member designates to receive an allotment of pay if missing, captured, or interned. This allotment may be initiated by the Service Secretary or his designee in the event the member enters a missing status. This item may be left blank. If member designates two or more allottees, state the percentage to be paid to each. The sum shares need not equal 100 percent, but may not exceed 100 percent. NOTE: Designations made in Item 11 are used as a guide by the Service Secretary or designee in establishing, changing, or discontinuing an allotment in the interest of the member (37 USC 551-558). The final decision rests with the Service Secretary or designee.

ITEM 12. Insurance information.
a. Serviceman's Group Life Insurance (SGLI). Not applicable for Marine Corps and Air Force members. NOTE: Completion of this item does not constitute a SGLI election or designation or beneficiary(ies). Indicate, by entering an "X" in the appropriate block, the member's SGLI election (as stated in VA Form 29-8286). For Navy members, on the next line, enter, as appropriate, either: "Bene Desig filed (YYYYMMDD)," or "Bene Desig not filed."
b. Insurance companies/policy numbers. Enter full name of all commercial life insurance companies to be notified in case of death. Enter policy number if member desires; this expedites settlement of claims.

ITEM 13. Continuations/remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./03/ 19451220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed.

ITEM 14. Member's signature. Have the member check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 15. Signature of witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 16. Date the member signs the form. This item is an ink entry and must be completed by the member on four copies.

What You Should Know

This insurance is granted under the Servicemembers' Group Life Insurance provisions of Title 38, United States Code, and is subject to the provisions of that title and its amendments, and regulations promulgated thereto.

This form must be correctly completed, signed and received by your Uniformed Service before your death in order for this designation to be valid. An authorized agent of the Uniformed Services should witness your signature.

Periods of Coverage. This insurance is in effect throughout the period of full-time active duty or active duty for training. Coverage is also in effect on a full-time basis for reservists who are assigned to a unit or position in which they may be required to perform active duty or active duty for training and each year will be scheduled to perform at least 12 periods of inactive duty training that is creditable for retirement purposes under Chapter 1223 of Title 10. Coverage continues for 120 days following separation or release.

Instructions On Completing This Form

1. Type or print in ink all items except where otherwise noted.

2. Naming Beneficiaries

A. A new SGLV-8286 must be completed to change your beneficiary. You may name anyone as beneficiary without him/her knowing or consenting to it.

B. If the beneficiary is a married woman, use her own first and middle names. For example, use Mary Lisa Smith, instead of Mrs. John Smith.

C. A named beneficiary will **NOT** be changed automatically by any event occurring after you complete this form (e.g. marriage, divorce, etc.). Your beneficiary cannot be changed by, and is not affected by, any documents, such as a divorce decree or will.

D. If you want to name more than two principal beneficiaries, list them all on a separate sheet and write "See attached list" under the *Principal* block. The separate sheet must contain your signature, social security number, and the date, and must be attached to this form.

E. If you name minor children as beneficiaries, the insurance will be paid to the court-appointed guardian of the children's estate.

F. You can establish a trust for the benefit of the children and name the trust as the beneficiary. A trust names a trustee of your choice to be legally responsible for administering the insurance proceeds for the children. Naming a trust as a beneficiary on this form does **NOT** create a trust. Before naming a trust as beneficiary, you should consult a military attorney for assistance.

3. Social Security Number - Do not delay completing this form if you do not have a beneficiary's social security number. The social security number helps us to locate the beneficiary, but is not necessary.

4. Shares to each beneficiary - If you name more than one beneficiary, the sum of the shares must equal 100%, or the full dollar amount of your insurance.

Example:

mother	\$100,000		50%		1/2
father	\$100,000	or	50%	or	1/2
Total	\$200,000		100%		1

5. Payment Option - You may choose for the beneficiary to receive payment in one lump sum or in 36 equal monthly payments by writing "lump" or "36" in the column labeled *Payment Option*. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment. If you want the beneficiary to have a choice at the time of payment, write "lump" or leave the block blank.

6. Provisions For Payment Of Insurance

A. If you name more than one principal beneficiary and one or more predeceases you, the share(s) will be divided equally among the remaining principal beneficiaries, unless otherwise stated. If there are no surviving principal beneficiaries, the proceeds will be divided among the contingent beneficiaries.

B. If you do not name a beneficiary, or if there are no surviving beneficiaries, or if you indicate that payment should be made *by law*, the proceeds will be paid in the following order:

1. Widow or widower
2. Children in equal shares (the share of any deceased child will be distributed equally among the descendants of that child)
3. Parent(s) in equal shares or all to surviving parent
4. A duly appointed executor or administrator of your estate
5. Other next of kin

What Your Beneficiaries Should Know

Upon your death, your beneficiary(ies) should send a claim to the Office of Servicemembers' Group Life Insurance, 213 Washington Street, Newark, NJ 07102-2999. Your beneficiary may also call 1-800-419-1473 for claim information.

DIRECTIONS TO PERSONNEL CLERKS OF THE UNIFORMED SERVICES

1. Complete all appropriate items on this form. All entries, except the signature and those requested to be in the servicemember's own handwriting, must be typed or printed in ink.
2. Make sure the name(s) of one or more principal and contingent beneficiaries appear in the Beneficiary(ies) and Payment Options section, if desired. Include the address and Social Security number, if available, for the beneficiaries and the relationship of the beneficiaries to the servicemember (e.g., father, sister).
3. If a servicemember is designating a beneficiary other than would be normal under his or her family circumstances, see **"Unusual Beneficiary Designations"** in the *Servicemen's Group Life Insurance Handbook*, Handbook 29-75-1.
4. An authorized agent of the Uniformed Service must witness the signature of the servicemember. This representative must sign his or her name below that of the servicemember and should put the date he or she received the form.
5. This form, properly executed, is authority to a payroll office to change the deductions for insurance premiums or to not make such deductions, if the amount of insurance is changed or cancelled.
6. Inform all servicemembers that if they have questions about this form that they may obtain the advice of a military attorney at no expense to the servicemember.
7. Disposition of copies: Reproduce official copies before signing and circle distribution on bottom right of form. Wording and format of form may not be altered. Forms altered from the original wording or format are subject to acceptance by the Office of Servicemembers' Group Life Insurance (OSGLI). Each of the official copies must bear an original signature of both the member and the witness.

Copy 1 - Must be promptly filed in the official personnel file of the member.

Copy 2 - To member. Certificate of coverage.

Copy 3 - **FOR USE BY THE ACTIVE OR RESERVE COMPONENT OF THE UNIFORMED SERVICES. DO NOT SEND TO THE OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE OR TO THE DEPARTMENT OF VETERANS AFFAIRS.**

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- ☐ Name or update your beneficiary
☐ Reduce the amount of your insurance coverage
☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name First name Middle name

Rank, title or grade

Social Security Number

Branch of Service (Do not abbreviate)

Current Duty Location

Amount of Insurance

By law, you are automatically insured for \$250,000. **If you want \$250,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$250,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. **If you do not want any insurance***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

- ☐ I want coverage in the amount of \$ _____ Your initials _____
☐ _____

(Write "I do not want Insurance at this time.")

*Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1.				
2.				
Contingent				
1.				
2.				
3.				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- **This form cancels any prior beneficiary or payment instructions.**
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$250,000.

SIGN HERE IN INK



(Your signature. Do not print.)

Date: _____

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
----------------------------	----------------------	--------------	---------------

SGLV 8286, September 2002

SUPERSEDES AND REPLACES FORM SGLV 8286, August 2002
WHICH WILL NOT BE USED.

Original Copy - Member's Official Personnel File p. 2
Photocopy 1 - To Member
Photocopy 2 - To Active or Reserve Component of Uniformed Service

UNITED STATES ARMY STUDENT DETACHMENT

IMPORTANT NOTICE TO ALL GOVERNMENT TRAVEL CARD HOLDERS

This information is to provide current policies regarding usage of the Bank of America Government Travel Card.

GOVERNMENT TRAVEL CARD PRIVILEGES:

The government travel card is a charge card, not a credit card. All charges to the Government Travel Card are to be paid upon receipt of the statement from Bank of America. Non-receipt of payment from DFAS does not absolve the cardholder from making payments by the due date.

REPORTING TO STUDENT DETACHMENT:

Please complete the transfer form in your in processing packet. All Student Detachment Personnel travel cards will be transferred to Student Detachment and will remain in a deactivated status. Travel cards will be activated upon receipt of a travel order, fax all travel orders to 803-751-5346.

TDY AND MEDICAL TDY:

Use of the government travel card is for official government travel, travel that is support by a complete authorized travel order DD1610 or other organization travel order. All medical TDY must be approved prior to proceeding; medical TDY requests must be faxed to the Student Detachment accompanied by a medical appointment slip from the treatment facility and signed by a physician. All TDY request must reach the Student Detachment 14 days prior to the date of travel.

PCS AND PCS EXPENSE

Effective February 3, 2003, use of the government travel card for PCS expenses is prohibited. Travel accounts used during PCS moves will be reported as misuse and or abuse. The accounts will be closed permanently. Service members are instructed to contact Bank of America within 10 days of PCSing to provide new addresses and telephone numbers.

FILING FOR REIMBURSEMENT

DD form 1351-2 should be filed within 5 days after completion of **each** TDY. If your TDY is for more than 30 days, please file a partial settlement every 30 days. Split disbursement is highly encouraged.

LATE FEES:

A \$29.00 late fee is assessed for late payments. The APC or Bank of America will not reverse this charge, unless there has been an erroneous error.

DELINQUENT ACCOUNTS:

When the accounts becomes 30 days overdue, the account will be deactivated until full payment has been received and noted by Bank of America. When an account becomes more than 60 days delinquent, the card will be suspended until the bill is current. Accounts 120 days past due, will be closed permanently by Bank of America. Effective December 1, 2000, Bank of America will no longer accept reinstatement request for travel cards accounts that have been canceled and credit revoked due to delinquency (late payment or non payment).

AIRLINE TICKETS:

Mandatory use of the government-contracted travel agency when purchasing airline tickets is required. Carson Wagon lit 1-800-229-6078. DFAS will only reimburse airfare expenses up to the government rate.

STUDENT DETACHMENT AGENCY PROGRAM COORDINATOR: Ms. Scott-Blue @ 1-800-856-3801 ext 5 or commercial 803-751-3795 or email scott-bluec@jackson.army.mil.

GOVERNMENT TRAVEL CARD

TO TRANSFER YOUR GOVERNMENT TRAVEL CARD

1. Call Bank of America @ 1800-472-1424, provide your new address, business and residence phone number.

Bank of America Contact Date _____

Customer Service Representative name _____

2. Please provide USASD with the following information to transfer your account to our hierarchy level.

Rank/Name: _____ SSN: _____

Travel Card Account # _____ Expiration date: _____

Address: _____

Home phone: _____ Business phone _____

EMAIL Address: _____

(us.army.mil only)

School/Program start date: _____ End date: _____

3. Do not destroy your card. Every time you PCS please see your gaining unit's Agency Program Coordinator within 10 days to transfer your card. Student Detachment will deactivate your card after 10 days.
4. For travel card questions, phone Student Detachment's Agency Program Coordinator, Mrs. Scott-Blue @ 1-800-856-3801 ext 7.



DEPARTMENT OF THE ARMY
UNITED STATES ARMY STUDENT DETACHMENT
VICTORY BRIGADE
3330 MAGRUDER AVENUE
FORT JACKSON, SOUTH CAROLINA 29207

ATZJ-T-SD

3 November 2002

MEMORANDUM FOR RECORD

SUBJECT: Policy # 3 - Leaves

1. Ordinary leave requests will be submitted not later than 30 days prior to the requested start date of the leave.

- a. Submit a signed DA 31 to the company administrative clerk via mail, fax or email.
- b. Soldiers must provide an accurate leave address and phone number.
- c. Leave starts the day you designated on the leave form and ends on the end date designated on the leave form unless otherwise notified.
- d. No notification for departure or return is required unless the dates are other than what is indicated on the leave form.
- e. **Extensions** will be dealt with on an individual basis. Only the Company Commander or First Sergeant may authorize leave extensions.
- f. The Company Commander may approve leave up to 30 days; the Brigade Commander must approve all leave in excess of 30 days.


2. Emergency leave will only be authorized by the First Sergeant or Company Commander and will be granted in accordance with AR 600-8-10. Emergency leave may be disapproved if the individual is in a negative accrued status.

3. Soldiers assigned to USASD are on an honor system for leave and are expected to sign up for leave under the following circumstances:

- For any period that the soldier will be outside of a 500 mile radius of the assigned duty location
- For any period away from assigned duty location that exceeds the 4 days authorized for pass even if the soldier is within a 500-mile radius of the duty location.

4. Any time that a student is away from their assigned duty location, they must be under a pass, leave, TDY or PTDY status. If there is ever a question about the appropriate status, the soldier should call the detachment for clarification.

5. The point of contact for this memorandum is CPT Maria Showalter at 803-751-5305.


P. MARIA SHOWALTER
CPT, QM
Commanding



DEPARTMENT OF THE ARMY
UNITED STATES ARMY STUDENT DETACHMENT
VICTORY BRIGADE
3330 MAGRUDER AVENUE
FORT JACKSON, SOUTH CAROLINA 29207

ATZJ-T-SD

3 November 2002

MEMORANDUM FOR RECORD

SUBJECT: Policy # 4 - **Passes**

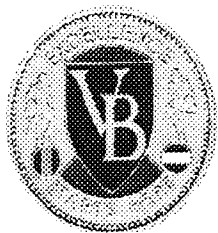
1. It is the intent of this command to ensure all soldiers receive equal time off from their daily duties without having to use accrued leave.
2. Passes are granted for either three (3) or four (4) days in conjunction with a weekend.
3. Company Leadership may pull passes at any time if mission or adverse action dictates.
4. **Permanent party USASD soldiers assigned to Fort Jackson**
 - a. Mileage passes must be approved by the chain of command when soldiers are traveling outside of a 100-mile radius from Fort Jackson on a standard two day weekend.
 - b. All passes up to four days will be coordinated through the chain of command and must be approved three days prior to the actual pass.
 - c. All performance passes awarded to personnel for achievement must be used within 30 days of receiving the pass.
 - d. Soldiers must remain within a **300-mile radius** of their assigned duty location while on pass or request special permission for further distances from the Company Commander.
4. **USASD Students**
 - a. Student Liason Officers (SLO) and Senior Army Advisors may approve up to a four (4) day pass for students on their respective school rosters. Students without a SLO may request all passes through the Detachment.
 - b. Students must remain within a **500-mile radius** of their assigned duty location while on pass or request special permission for further distances from the Company Commander.
5. Any time that a student is away from their assigned duty location, they must be under a pass, leave, TDY or PTDY status. If there is ever a question about the appropriate status, the soldier should call the detachment for clarification.
6. The point of contact for this memorandum is CPT Maria Showalter at 803-751-5305.


P. MARIA SHOWALTER
CPT, QM
Commanding

REQUEST AND AUTHORITY FOR LEAVE <small>This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See instructions on reverse.)</small>				1. CONTROL NUMBER	
PART I					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK	
5. DATE					
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO.	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED	b. REQUESTED	c. ADVANCED	d. EXCESS	a. FROM	b. TO
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
DEPARTURE					
14. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY	
EXTENSION					
15. a. NUMBER DAYS		b. DATE APPROVED		c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY	
RETURN					
16. a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY	
17. REMARKS					
Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	
				23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
24. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP					
25. <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)	
				d. PASSPORT NUMBER	
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS				27. ACCOUNTING CITATION	
28. DATE ISSUED		29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION	

FOR YOUR INFORMATION

CHECK WITH YOUR LOCAL MILITARY PERSONNEL DIVISION (MPD) TO SEE WHEN YOUR PHYSICAL AND DA PHOTOGRAPH ARE DUE. IF A UPDATE IS NEEDED DURING YOUR ASSIGNMENT WITH USASD, ACCOMPLISH IT BEFORE YOU LEAVE YOUR LOSING COMMAND AND SEND CURRENT COPIES WITH YOUR MPRJ. USASD DO NOT HAVE FUNDS AVAILABLE FOR DA PHOTOGRAPHS, PHYSICALS OR FLIGHT PHYSICALS.

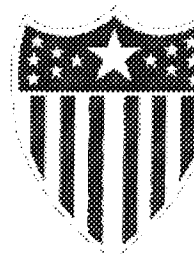


US ARMY STUDENT DETACHMENT

TELEPHONE LISTING

ATZJ-T-SD

RESPONSIVE TO YOUR NEEDS, SOLDIERS FIRST



COMMANDER	CPT MARIA SHOWALTER	803-751-5305
FIRST SERGEANT	1SG PHYLLIS NEAL	803-751-5321
OPERATIONS SERGEANT/ (EXT 8) TRAINING/APFT CARDS	SSG A. BRINKLEY	803-751-5372
STUDENT DETACHMENT	TOLL FREE	800-856-3801
FINANCE		
SUPERVISOR (EXT 6)	MRS. B. SINGLETON	803-751-5540
NCOIC, FINANCE SECTION	SGT BEST	803-751-7689
DITY/PAY ACTIONS/INQ/INPROCESSING/TDY	MRS. C. MCKEE	803-751-5564
DITY/PAY ACTIONS/INQ/INPROCESSING/TDY	SPC MORENO	803-751-6542
ADMINISTRATIVE SECTION		
PSNCOIC (EXT 1)	SGT. S. HARRISON	803-751-5393
TRAVEL CARD/TDY/AER/4187'S (EXT 7)	MRS. C. SCOTT-BLUE	803-751-3795
SLO/PROMOTIONS/SIDPERS		803-751-5382
SECURITY CLEARANCES (EXT 2)	MR. KINCAID	
LEAVE/MED & DENTAL/ FLPP (EXT 5) PERMISSIVE TDY/COUNTRY CLEARANCES	MR. FAYARD	803-751-5389
ACCOUNTABILITY	SPC MAJOR	803-751-4340
OUTPROCESSING A-I (EXT 3)	PFC WRIGHT	803-751-5381
OUTPROCESSING J-R (EXT 3)	SPC GOPPERT	803-751-5381
OUTPROCESSING S-Z (EXT 4)	SPC MCDANIEL	803-751-5516
SUPPORT PHONE NUMBERS		
FAX NUMBER: DSN 734-5346	FAX NUMBER COMM: 803-751-5346	
ORB/STATEMENTS OF SERVICE	803 751 OR 734 /5583/5179/5361/5890	
REASSIGNMENTS	DSN 734 OR COM 751	4893/6111/5579
ID CARDS	DSN 734 OR COM 751	5735/6022
PASSPORTS	DSN 734 OR COM 751	4716/5128
PROMOTIONS	DSN 734 OR COM 751	5578
CARSON WAGON LIT (782-2966) FAX-803-782-6945	DSN 734-4716/Comm 751	800-229-6078
AG-Country Clearance Final Processing	Mr. Ruise	803-751-6281
Carson Wagonlit (Nat'l Guard)	FOR LEISURE TRAVEL	803-252-9724
WEB ADDRESS	WWW.ARMY.MIL.TCCBDE/SDINDEX.HTM	
PERSCOM- CPT GRIFFIN OR MS HENDERSON (ADVANCE CIVIL SCHOOLS JOEL STROUT	703-325-3141/325-6681 803-325-3138	FAX 703-325-3242
PERSCOM- AER SUBMISSIONS-BOOK PAYMENTS: MICHELLE CARR	703-325-3142	

STUDENT INQUIRY

DATA REQUIRED BY PRIVACY ACT OF 1974

Authority for collection of personal information is SEC 301, TITLE 5 USC. The purpose of this form is to assist individuals when inquires to the Student Detachment. Student Detachment personnel will identify the individual, the nature of his inquiry and the type of action necessary. Disclosure of SSN is mandatory since the SSN is the Service Member's (SM) identification number. Disclosure of other information is voluntary. Not providing information requested on the inquiry form will result in no action being taken by the USA Student Detachment.

NAME _____ GRADE _____ SSN _____

CURRENT MAILING ADDRESS _____

NAME/LOC _____
COLLECE/TWI _____

GRAD DATE _____

QUESTIONS/INQUIRY _____

SIGNATURE _____ DATE _____

POC E-MAIL ADDRESSES

PATTIE.SHOWALTER@JACKSON.ARMY.MIL
NEALP@JACKSON.ARMY.MIL
ANTHONY.BRINKLEY@JACKSON.ARMY.MIL

FINANCE

ANTHONY.BEST@JACKSON.ARMY.MIL
SINGLETONB@JACKSON.ARMY.MIL
MCKEEA@JACKSON.ARMY.MIL
RODOLFO.MORENO@JACKSON.ARMY.MIL

ADMINISTRATION SECTION

STEPHANIE.HARRISON@JACKSON.ARMY.MIL
CONNIE.SCOTT-BLUE@JACKSON.ARMY.MIL
KINCAIDJ@JACKSON.ARMY.MIL
FAYARDJ@JACKSON.ARMY.MIL
JAMES.GOPPERT@JACKSON.ARMY.MIL
DREMEIA.MCDANIEL@JACKSON.ARMY.MIL
MAJORA@JACKSON.ARMY.MIL
KENNETH.WRIGHT@JACKSON.ARMY.MIL